



GUAM ENVIRONMENTAL PROTECTION AGENCY • *AHENSIAŇ PRUTEKSIÓN LINA'LA' GUÁHAN*

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APR 29 2022

Mr. Miguel C. Bordallo, P.E.
General Manager
Guam Waterworks Authority
Gloria B. Nelson Public Service Building
Mangilao, Guam 96913

RE: **Notice Of Violation/Compliance Order**
Guam Waterworks Authority Central System
PWS ID#: GU0000003

Hafa Adai Mr. Bordallo:

I. BACKGROUND

The Guam Environmental Protection Agency ("Guam EPA") was notified by the Guam Waterworks Authority (GWA) on the morning of April 27, 2022, of four sample sites in the Agat area which had tested positive for total coliform (TC), and two of which were also positive for E. coli (EC), on the basis of samples collected April 26, 2022. GWA informed Guam EPA that repeat samples were collected later on April 27, 2022 for each of the sites which had experienced TC or EC-positive results, in addition to the required upstream and downstream repeat samples. Later on April 27, 2022, GWA informed Guam EPA that its staff had begun conducting initial surveys and assessments to identify potential sources of contamination, and had begun to take preventative measures inclusive of flushing dead-end portions of the distribution system in the Agat area. GWA reported finding no obvious cause of potential bacteriological contamination: distribution system pressures were reported to have been measured in the 60 to 80 psi range, chlorine residuals were measured in the 1 to 2 mg/L range, and no evidence of pipe breakage, loss of service, or other physical disturbance was observed.

On the morning of April 28, 2022, GWA informed Guam EPA by email that all but one of the repeat samples collected on April 27, 2022 were negative for both TC and EC. One repeat sample was TC-positive, but EC-negative: sample laboratory I.D. #2042701-04 collected at Agat - Ghura Southwest Site Base Office. The upstream and downstream repeat samples related to this site were both TC and EC-negative. Upon learning of these results, GWA met virtually with the Guam EPA Safe Drinking Water program staff and Chief Engineer, and initiated the processes required to issue public notice within the affected area, and to begin the required Level 2 Assessment.

II. VIOLATION:

The analytical test results for the routine sample collected on April 26, 2022, and submitted to Guam EPA on April 27, 2022 for the site titled "Agat - Ghura Southwest Site Base Office", was positive for both **total coliform** and **E. coli**. The analytical test results for the repeat sample collected at the same location on April 27, 2022, and submitted to Guam EPA on April 28, 2022 for the same site, was positive for **total coliform** but negative for **E. coli**. This represents a violation of the maximum contaminant level (MCL) for **E. coli** as follows:

The Guam Safe Drinking Water Regulations §6141.860 incorporate 40 CFR §141.860(a) (2), which states "*(a) E. coli MCL Violation. A system is in violation of the MCL for E. coli when any of the conditions identified in paragraphs (a) (1) through (a) (4) of this section occur.*

... (2) The system has a total coliform positive repeat sample following an E. coli-positive routine sample." ...

III. COMPLIANCE ORDER

GWA Central System must comply with the Guam Safe Drinking Water Act (GSDWA) and Regulations and take the following actions within the specified timeframe:

- a. Notify the affected customers of the violation pursuant to GSDWR §6141.202 and §6141.205, no later than 24 hours from the time and date you first became aware of the MCL violation. (See attached Tier 1 E. coli Notice Instructions and Template).
- b. Submit a copy of the notice to Guam EPA no later than 24 hours after providing the notification required in paragraph (a) above.
- c. Conduct a Level 2 Assessment and associated corrective actions and submit the findings to Guam EPA as soon as practical, and no later than May 27, 2022 pursuant to GSDWR §6141.859(b)(4). The Level 2 assessment must be conducted by GEPA staff or a party approved by GEPA. Any operator conducting the Level 2 Assessment must hold a certification of an equal or greater level to that of the system. (See attached RTCR Level 2 Assessor Certification Application and Level 2 Assessment Form).

Failure to comply with Notice of Violation/Compliance Order may subject you to a penalty not to exceed \$32,500 for each of the violation pursuant to GSDWA Chapter 53 of Division 2, Title 10 Guam Code Annotated §53120(a).

IV. NOTICE OF RIGHT TO APPEAL

Pursuant to the GSDWA at §53120(a)(1), this order is issued for immediate action to protect public health from an imminent and substantial danger, and as such, Guam EPA shall provide an opportunity for a hearing within twenty-four (24) hours after service of this order. After such hearing, the Guam EPA Board of Directors may affirm, modify, or rescind this order as appropriate. If you intend to seek such hearing, you may file a Notice of Intent to Appeal also known as a Notice of Defense with the Guam EPA's Board of Directors, setting forth in such Notice of Intent to Appeal/Notice of Defense, a verified petition outlining the legal and factual bases for such an appeal. A copy of the Notice of Intent to Appeal/Notice of Defense is attached for your convenience.

Unless a written request for a hearing signed by or on behalf of the person, agency or business entity named above in this Notice of Violation/Order of Compliance is hand delivered or mailed to Guam EPA within twenty-four (24) hours after the Notice of Violation/Order of Compliance was personally served on you or mailed to you, Guam EPA may proceed upon the Notice of Violation/Order of Compliance without a hearing. A request for hearing may be made by delivering the enclosed form entitled "Notice of Intent to Appeal also known as a Notice of Defense", or by delivering a notice of defense as provided in 5 GCA §9205, to the following address:

Guam Environmental Protection Agency Board of Directors
c/o Administrator Guam Environmental Protection Agency
Building 17-3304 Mariner Avenue
Tiyan Barrigada, Guam 96913

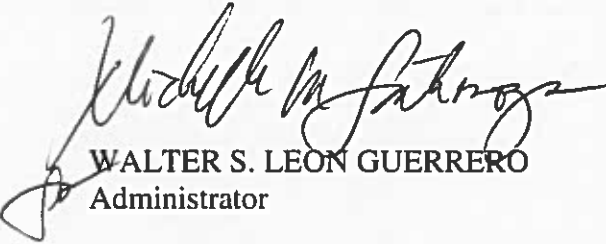
If you file a Notice of Intent to Appeal/Notice of Defense, the Guam EPA's Board of Directors shall hold a public hearing, at which time you may appear and present evidence in person or through counsel in support of this petition.

Failure to file a Notice of Intent to Appeal and Verified Petition within the period specified above will constitute a waiver of your right to a hearing. If you waive your rights to a hearing the Notice of Violation and Order of Compliance will become final, and Guam EPA may proceed upon the Order without a hearing and without further notice to you.

Please note that the time required to adjudicate any such appeal does not eliminate the timelines established under the GSWDA or GSDWR for providing public notice or taking other required action to mitigate the threat to public health, and failure to provide such notice or take such action may result in additional findings of violation.

If you have any questions regarding this letter, please contact Ms. Juliana Mendoza, Environmental Health Specialist II at (671) 300-9026 or our Chief Engineer CAPT. Brian Bearden, PE. BCEE at (671) 300-4779.

Si Yu'us Ma'ase,



WALTER S. LEON GUERRERO
Administrator

Cc: Ms. Corine Li, USEPA Region 9
Mr. Jacob Jenzen, USEPA Region 9
Mr. Everett Pringle, USEPA Region 9 Enforcement and Compliance Assurance Division
Attorney General Office

Attachments:

Instructions for Tier 1 Public Notice
Tier 1 Public Notice Template
Public Notice Certification Form
RTCR Level 2 Assessor Certification Application
RTCR Level 2 Assessment Form
Notice of Defense

Instructions for Fecal Coliform or *E. coli* Notice – Template 1-4

Template on Reverse

Since exceeding the fecal coliform or *E. coli* maximum contaminant level is a Tier 1 violation, you must provide public notice to persons served as soon as practical but no more than 24 hours from learning of the violation [40 CFR 141.202(b)]. During this time, you must also contact your primacy agency. You should also coordinate with your local health department. You may also have to modify the template if you also have high nitrate levels or other coliform MCL violations. You must use one or more of the following methods to deliver the notice to consumers [40 CFR 141.202(c)]:

- Radio
- Television
- Hand or direct delivery
- Posting in conspicuous locations

You may need to use additional methods (e.g., newspaper, delivery of multiple copies to hospitals, clinics, or apartment buildings), since notice must be provided in a manner reasonably calculated to reach all persons served. If you post or hand deliver, print your notice on your system's letterhead, if you have it.

The notice on the reverse is appropriate for hand delivery or for publication in a newspaper. However, you may wish to modify it before using it for a radio or TV broadcast. If you do modify the notice on the reverse, you must still include all required PN elements from 40 CFR 141.205(a) and leave the mandatory language unchanged (see below).

Mandatory Language

Mandatory language on health effects (from Appendix B to Subpart Q) must be included as written (with blanks filled in) and is presented in this notice in italics and with an asterisk on either end.

You must also include standard language to encourage the distribution of the public notice to all persons served, where applicable [40 CFR 141.205(d)]. This language is also presented in this notice in italics and with an asterisk on either end.

Alternative Sources of Water

If you are selling or providing bottled water, your notice should say where it can be obtained. Remember that bottled water can also be contaminated. If you are providing bottled water, make sure it meets US Food and Drug Administration (FDA) and/or state bottled water safety standards.

Corrective Action

In your notice, describe corrective actions you are taking. Listed below are some steps commonly taken by water systems with fecal coliform or *E. coli* violations. Depending on the corrective action you are taking, you can use one or more of the following statements, if appropriate, or develop your own text:

- We are chlorinating and flushing the water system.
- We are switching to an alternate drinking water source.
- We are increasing sampling for coliform bacteria to determine the source of the contamination.
- We are repairing the wellhead seal.
- We are repairing the storage tank.

We are restricting water intake from the river/lake/reservoir to prevent additional bacteria from entering the water system and restricting water use to emergencies.

After Issuing the Notice

Send a copy of each type of notice and a certification that you have met all the public notice requirements to your primacy agency within ten days after you issue the notice [40 CFR 141.31(d)].

It is recommended that you notify health professionals in the area of the violation. People may call their doctors with questions about how the violation may affect their health, and the doctors should have the information they need to respond appropriately. In addition, health professionals, including dentists, use tap water during their procedures and need to know of potential microbial contamination so they can use bottled water.

It is also a good idea to issue a "problem corrected" notice when the violation is resolved. See Template 1-6.

DRINKING WATER WARNING

[Fecal coliforms are /E. coli is] present in the [System]’s water

BOIL YOUR WATER BEFORE USING

Fecal coliform [or *E. coli*] bacteria were found in the water supply on [give date]. These bacteria can make you sick, and are a particular concern for people with weakened immune systems.

Bacterial contamination can occur when increased run-off enters the drinking water source (for example, following heavy rains). It can also happen due to a break in the distribution system (pipes) or a failure in the water treatment process.

What should I do? What does this mean?

- **DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST.** Bring all water to a boil, let it boil for one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation until further notice. Boiling kills bacteria and other organisms in the water.
- **Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, and people with severely compromised immune systems.**
- The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice. People at increased risk should seek advice from their health care providers about drinking this water.

What is being done?

[Describe corrective action.] We will inform you when tests show no bacteria and you no longer need to boil your water. We anticipate resolving the problem within [estimated time frame].

For more information, please contact [name of contact] at [phone number] or [mailing address]. General guidelines on ways to lessen the risk of infection by microbes are available from the EPA Safe Drinking Water Hotline at 1-800-426-4791.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by [system]. State Water System ID#: _____.
Date distributed: _____.

Public Notice Certification

I _____ certify that the public notice(s) that I am submitting here before you have been posted, hand delivered, mailed, published in the newspaper, or submitted to the media (T.V. / Radio station). I also acknowledge that anybody who knowingly and willfully makes false statement, presentation, or certification in any application, records, report plan or other documentation filed or required to be maintained under the Guam Safe Drinking Water Regulations, or by any certification, or order issued under the Guam Safe Drinking Water Regulations, or who falsifies, tampers with or knowingly renders inaccurate information shall be subject to the penalties.

Notice distributed by _____ on _____.
(Method of Notification) (Date of Notification)

Public Notice Locations: _____.

Public Notice has required Elements;

- ☐ A description of the violation (MCL or FTM, etc...)
- ☐ When the violation or situation occurred (MCL or FTM, etc...)
- ☐ Potential adverse health effects, using the standard mandatory language(MCL)
- ☐ Population at risk (MCL)
- ☐ Whether alternative water supply is needed (MCL or FTM, etc...)
- ☐ Actions consumers should take to reduce their exposure to the contaminant (MCL)
- ☐ What are you doing to correct the violation or situation (MCL or FTM, etc...)
- ☐ When you expect to return to compliance (MCL or FTM, etc...)
- ☐ Name, business address, and phone number for additional information, and (MCL or FTM, etc...)
- ☐ Standard language encouraging distribution to all persons served. (Where applicable)

(Signature of PWS contact)

(PWS contact title)

(PWS Name)

(PWS I.D. Number)

GUAM ENVIRONMENTAL PROTECTION AGENCY
Revised Total Coliform Rule (RTCR) Level 2 Assessment Form



PWS ID#:		PWS Name:					
Primary Operator (print name): Assessment trigger date: SEASONAL: YES <input type="checkbox"/> NO <input type="checkbox"/>				Phone: Date Assessment Completed: Reason for Assessment:			
Assessment Elements		Issues?			Issue Description	Corrective Action Taken or Planned to be Taken and Date	
		Y	N	N/A			
1. Review of the sample sites							
1.1 Was the sample taken at the routine coliform site?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.2 Was the tap area unsanitary at the time of sampling?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.3 Was this sample taken from an outside faucet?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.4 Was the sample taken from a swivel tap?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.5 Did the tap have a point of use treatment device on it?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.6 Does the building where the sample was taken have a point of entry device?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.7 Has this location undergone any plumbing replacements or repairs?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.8 Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.9 Is this location near a storage tank or dead end?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.10. Any other sample site issues not previously mentioned?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Review of sample protocol							
2.1 Is the sampler a regular, trained sampler?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.2 Was a laboratory-provided TC sample bottle used?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.3 Was the aerator removed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.4 Was the water tap flushed for at least 5 minutes?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.5 Was the tap disinfected or flamed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.6 Did the sample get too warm prior to being placed on ice?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.7 Was there other sampler error? Describe		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.8 If it is a seasonal system, were there any problems during the most recent start-up procedure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.9 Any other sample protocol issues not previously mentioned?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. Review of the distribution system.							
3.1 Have any mains been recently replaced or service lines recently added?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3.2 Have fire hydrants or blow offs been recently flushed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

GUAM ENVIRONMENTAL PROTECTION AGENCY
Revised Total Coliform Rule (RTCR) Level 2 Assessment Form

Assessment Elements	Issues?			Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A		
3.3 Have valves been recently exercised to direct flow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Any leaks or main breaks noted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.5 Are all of the backflow prevention devices operational and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.6 Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.7 Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.8 Any recent pump station failures or repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.9 Air relief valve leaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.10 Standing water or debris in valve vault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.11 Any recent power loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Any unprotected cross connections (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13 Any other distribution issue not previously mentioned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Review of storage tank(s) (Note the specific facility if any issues are found)					
4.1 Is there a presence of animals or insects in the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.2 Are there breaches or holes of any sort into tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Is there any presence of animal droppings around openings, vents or overflows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Is there sediment buildup and floating debris in tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Is there a #24 mesh screen installed on vents and overflows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Is the #24 mesh screen damaged or not properly installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.10 Was the hatch locked or secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.11 Has the tank been accidentally drained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.12 Have there been high flows through the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.13 Was there high water age in the tank (infrequent water use)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.14 Was the sample taken when the tank was at the low level mark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

GUAM ENVIRONMENTAL PROTECTION AGENCY
Revised Total Coliform Rule (RTCR) Level 2 Assessment Form

Assessment Elements	Issues?			Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A		
4.15 Failure or improper operation on tank telemetry/altitude valves/controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.16 Any recent repairs on the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.17 Was there any power loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.18 Was the tank vandalized or subject to tampering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.19 Any other storage tank issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Review of treatment process (if applicable)					
5.1 Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.2 Have there been any new treatment processes added or new equipment installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.3 Have there been any recent repairs of major unit processes or treatment equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4 Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.5 Has a coagulant been added at all times the plant has been filtering water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.6 Have there been changes in raw water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.7 Was the finished water turbidity increasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.8 Have filter clogging algae caused more frequent backwashing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.9 Has a disinfectant been added at all times or have there been any failures in adding disinfectant for any length of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.10 Has there been any vandalism or tampering at the plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.11 Any other treatment plant issues not previously mentioned above?					
6. Sources – Well(s) (Note the specific facility if any issues are found)					
6.1 Is the sanitary seal intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.2 Is the well cap defective or damaged or not water tight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.3 Does the vent have a #24 mesh screen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.4 Is the vent screen damaged or not installed properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

GUAM ENVIRONMENTAL PROTECTION AGENCY
Revised Total Coliform Rule (RTCR) Level 2 Assessment Form

Assessment Elements	Issues?			Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A		
6.5 Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary Backup Emergency	
6.6 How is the well used? (Circle if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.7 Are there any unprotected cross connections at the wellhead? Are there any unprotected openings in the pump or pump assembly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.8 Is the pitless adapter damaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.9 Is there a missing or damaged grout seal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.10 Has there been any recent work performed on the pump?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.11 Is the wellhead secured to prevent unauthorized access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.12 Have there been any sewer spills, source water spills or other disturbances near the well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.13 Is the well pit in standing water or evidence of flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.14 Any other well issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sources- Spring(s) (Note the specific facility if any issues are found)					
6.15 Is there evidence of flooding or infiltration of surface water runoff around the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.16 Is the spring box improperly developed or poorly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.17 Are there dead animals near the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.18 Any other issues about springs not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sources-purchased water					
6.19 Water quality issues with supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.20 Low disinfectant residual from supplier (typically ≤ 0.02 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.21 Any other purchased water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Applicable to all sources					
6.22 Has an unapproved source been used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.23 Has there been a change in sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.24 Has there been recent rapid snowmelt, heavy rainfall or flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.25 Any evidence of animals near the source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.26 Have there been algae blooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Assessment Elements	Issues?			Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A		
6.27 Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.28 Any other source issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Significant Deficiencies					
7.1 Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments:	
Name of Assessor completing the form (PRINTED): Signature: _____ Date: _____ Water system responsible party (PRINTED): Signature: _____ Date: _____	

Reserved for GUAM EPA Review

	Yes	No	Comments
1. Has assessment been successfully completed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Likely reason for EC+ occurrence has been found.	<input type="checkbox"/>	<input type="checkbox"/>	
3. System has corrected the problem.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Corrective Action Approved?	<input type="checkbox"/>	<input type="checkbox"/>	

GUAM ENVIRONMENTAL PROTECTION AGENCY
RTCR LEVEL 2 ASSESSOR CERTIFICATION APPLICATION (V.1 DEC 2021)



Applicant Information			
Last Name:		First Name:	
Address:			
Water Purveyor:		PWS ID:	
Water System Name:			
Certification Type:		Expiration date:	
Certification Type:		Expiration date:	
Certification Type:		Expiration date:	
Certification Type:		Expiration date:	

Work Experience Summary				
Water Purveyor	Job Title	From (month/year)	To (month/year)	Duration (yrs/months)

If you have worked on more than one system, list the systems. Each job listed in the summary requires a separate Work Experience Record. If you need additional Work Experience Record sheets, please duplicate the 2nd page. Resumes or job descriptions will be considered optional information and will not substitute for the Work Experience Record.

Work Experience Record
Work Experience (summarize your experience in your own words):
Water System Description (indicate type of treatments, for example, chlorination, granular activated carbon filtration):

<input type="checkbox"/>	I understand the objectives and structure of the RTCR.
<input type="checkbox"/>	I understand the nature of coliforms and E. coli, and bacteriological sampling.
<input type="checkbox"/>	I have a working knowledge of water system operation.
<input type="checkbox"/>	I have a working knowledge of treatment operations.
<input type="checkbox"/>	I have a working knowledge of distribution system operations.

Certification: I certify that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.	
Print Name:	Title:
Signature:	Date:
Phone #:	Email:

Work Experience Record				
Water Purveyor	Job Title	From (month/year)	To (month/year)	Duration (yrs/months)
Work Experience (summarize your experience in your own words):				
Water System Description (indicate type of treatments, for example, chlorination, granular activated carbon filtration):				

Work Experience Record				
Water Purveyor	Job Title	From (month/year)	To (month/year)	Duration (yrs/months)
Work Experience (summarize your experience in your own words):				
Water System Description (indicate type of treatments, for example, chlorination, granular activated carbon filtration):				

Please return this form to the SDWP at:

Guam Environmental Protection Agency
3304 Mariner Avenue #17, Barrigada, Guam 96913

For additional questions, please contact the SDWP at 671-300-4751/4752.



GUAM ENVIRONMENTAL PROTECTION AGENCY • *AHENSIAŇ PRUTEKSIÓN LINA'LA' GUÁHAN*
LOURDES A. LEON GUERRERO • GOVERNOR OF GUAM | JOSHUA F. TENORIO • LIEUTENANT GOVERNOR OF GUAM
WALTER S. LEON GUERRERO • ADMINISTRATOR | MICHELLE C. R. LASTIMOZA • DEPUTY ADMINISTRATOR

GUAM EPA CASE# _____

NOTICE OF DEFENSE

I, _____, have received your Notice of Violations and/or Order of Compliance, dated _____, charging me for violations, and I wish to:

(Please check appropriate sections)

☐ A. Request for a hearing and

☐ 1. Object to the accusation on the ground that it does not state acts or omissions upon which the Agency can proceed.

☐ 2. Object to the form of accusation on the ground that it is so indefinite or ambiguous that I cannot identify the infraction or prepare my defense.

☐ 3. Wish to prepare new matter in my defense.

☐ 4. Admit to the accusation in part.

☐ B. Admit the accusation in whole.

My mailing address is:

Signature:

Date:
